

Mozambique Sustainability Index and Dashboard 2019

The HIV/AIDS Sustainability Index and Dashboard (SID) is a tool completed every two years by PEPFAR teams and partner stakeholders to sharpen the understanding of each country's sustainability landscape and to assist PEPFAR and others in making informed HIV/AIDS investment decisions. Based on responses to the questions, the SID assesses the current state of sustainability of national HIV/AIDS responses across 17 critical elements. Scores for these elements are displayed on a color-coded dashboard, together with contextual charts and information. As the SID is completed over time, it will allow stakeholders to track progress and gaps across these key components of sustainability.

Country Overview:

Mozambique is a country of approximately 27.9 million people challenged by a generalized HIV epidemic¹. A national survey in 2015 estimated national HIV prevalence at 13.2 percent, with substantial variation in provincial prevalence that ranged from 5.2 percent in Tete Province to 24.4 percent in Gaza Province (2015, IMASIDA)². There were an estimated 2.2 million PLHIV in Mozambique, with a higher prevalence among women, 15.1 percent versus 10.2 percent among men (2018, Spectrum 5.751). HIV prevalence among adolescent girls aged 15-19 is estimated at 6.5 percent, and among young women aged 20-24 prevalence is estimated at 13.3 percent, compared to 1.5 percent and 5.3 percent among adolescent boys and young men, respectively. As of Q1 FY2019, 1.1M or approximately 50 percent of all PLHIV were estimated to be on ART. The HIV epidemic has contributed to a reduced life expectancy, estimated by the World Health Organization (WHO) in 2016 to be 58 years for men and 62 years for women³, and has resulted in an estimated 920,000 children orphaned by acquired immunodeficiency syndrome (AIDS)⁴.

Despite encouraging economic growth in 2015 of 6.6 percent, Mozambique's economy suffered a major blow following the report of nearly \$2 billion in government-backed hidden debt. This report contributed to rapid inflation and a reduced gross domestic product (GDP), falling from \$16.9 billion in 2014 to \$11.0 billion in 2016.⁵ In 2015, the Human Development Index ranked Mozambique 180 out of 187 countries.⁶ The World Bank estimated 60 percent of Mozambicans in 2014 lived on less than \$1.25 per day, with the gross national income (GNI) per capita falling from \$620 in 2014 to \$480 in 2016.⁷ Seventy percent of Mozambicans are estimated to be poor and 37 percent destitute, with substantial variation by region and province.⁸

SID Process for 2019:

The Sustainability Index Dashboard was completed via a collaborative, consultative process coordinated by UNAIDS and PEPFAR, with leadership from the National Council to Combat AIDS (CNCS), the civil society platform for health (PLASOC), and the Ministry of Health (MISAU). SID consultations occurred through a

¹ "INE Destaques — Instituto Nacional de Estatística." <http://www.ine.gov.mz/>. Accessed 8 May. 2019.

² "The DHS Program - Mozambique AIS, 2015 - Final Report (English ...)" <https://dhsprogram.com/publications/publication-ais12-ais-final-reports.cfm>. Accessed 8 May. 2019.

³ "WHO | Mozambique - World Health Organization." <https://www.who.int/countries/moz/en/>. Accessed 8 May. 2019.

⁴ "Mozambique | UNAIDS." <http://www.unaids.org/en/regionscountries/countries/mozambique>. Accessed 8 May. 2019.

⁵ World Bank, <https://data.worldbank.org/country/mozambique>.

⁶ Human Development Report, 2015, UNDP.

⁷ World Bank, 2014-2016 <https://data.worldbank.org/country/mozambique>.

⁸ Oxford Poverty and Human Development Initiative (2016). "Mozambique Country Briefing", Multidimensional Poverty Index Data Bank. OPHI, University of Oxford. Available at: www.ophi.org.uk/multidimensional-poverty-index/mpi-country-briefings/.

series of smaller meetings and one larger meeting in which over 50 participants representing government, multilateral partners, and civil society were involved. The final product was vetted and approved by all the mentioned stakeholders.

One area that is not complete within the contextual elements of the dashboard is the HIV Financing Matrix. For now, spending data is included in the SID for the three years for which Mozambique has NASA and MARF data, ie., 2014, 2015, and 2016. National AIDS Spending Assessments (NASA) is currently underway in Mozambique, covering spending data from Government, PEPFAR, the Global Fund and other sources for the years 2017 and 2018. We recommend waiting for the results of this exercise (preliminary results anticipated in March 2020), thus assuring that spending data included in the SID is robust and comparable across years and across funding sources.

In Figure 1, see the Mozambique dashboard for SID results 2015, 2017, and 2019. In Figure 2, is the scoring scale for the dashboard.

Figure 1: SID 2019 Dashboard

		2015 (SID 2.0)	2017 (SID 3.0)	2019
SUSTAINABILITY DOMAINS AND ELEMENTS	Governance, Leadership, and Accountability			
	1. Planning and Coordination	7.33	8.62	7.83
	2. Policies and Governance	3.76	7.36	8.30
	3. Civil Society Engagement	2.83	3.17	4.17
	4. Private Sector Engagement	2.36	1.21	4.47
	5. Public Access to Information	3.00	6.00	5.89
	National Health System and Service Delivery			
	6. Service Delivery	4.91	5.83	5.28
	7. Human Resources for Health	7.83	6.74	7.26
	8. Commodity Security and Supply Chain	4.99	6.18	4.95
	9. Quality Management	3.52	6.76	8.76
	10. Laboratory	3.24	2.83	3.92
	Strategic Financing and Market Openness			
	11. Domestic Resource Mobilization	2.50	5.24	5.14
	12. Technical and Allocative Efficiencies	4.44	0.89	3.56
	13. Market Openness	N/A	N/A	8.56
	Strategic Information			
	14. Epidemiological and Health Data	4.70	4.90	4.47
	15. Financial/Expenditure Data	4.17	7.50	5.83
	16. Performance Data	7.78	7.17	5.78
	17. Data for Decision-Making Ecosystem	N/A	N/A	3.67

Figure 2: SID Dashboard Scoring Scale

Dark Green Score (8.50 – 10.00 points) (sustainable and requires no additional investment at this time)
Light Green Score (7.00-8.49 points) (approaching sustainability and requires little or no investment)
Yellow Score (3.50-6.99 points) (emerging sustainability and needs some investment)
Red Score (<3.50 points) (unsustainable and requires significant investment)

SID Changes from 2017 to 2019

Improvements: Noting 7 of 15 elements have improved from 2017 to 2019; below are the ones that increased in sustainability category, or by 1 or more points:

- 3. Civil Society Engagement (3.17 to 4.17)- increased from red to yellow
- 4. Private Sector Engagement (1.21 to 4.47)- increased from red to yellow
- 7. Human Resources for Health (6.74 to 7.26)- increased from yellow to light green
- 9. Quality Management (6.76 to 8.76)- increased from yellow to dark green
- 10. Laboratory (2.83 to 3.92)- increased from red to yellow
- 12. Technical and Allocative Efficiencies (0.89 to 3.56)- increased from red to yellow

Declines: Noting 8 of 15 elements decreased from 2017 to 2019; below are the ones that dropped in sustainability category, or by 1 or more points:

- 1. Planning and Coordination (8.62 to 7.83)- dropped from dark to light green
- 8. Commodity Security and Supply Chain (6.18 to 4.95)- remained yellow
- 15. Financial/Expenditure Data (7.50 to 5.83)- remained yellow
- 16. Performance Data (7.17 to 5.78)- remained yellow

Sustainability Strengths:

- **Domain A:** The National Strategic Plan (PEN IV) is being implemented by all stakeholders. Civil Society is actively involved in HIV/AIDS planning activities. Private Sector participates in different planning processes in coordination with CNCS.
- **Domain B:** MOH recognizes the role of Elementary Multipurpose Agents (APE's) in extending health services to the community. Despite financial challenges, MISAU has prioritized 50% of their budget for the absorption of contracted staff. The National Strategy for Supply Chain is actively implemented (PELF). Quality Improvement activities cover 630 health facilities, which represents 85% of patients on ART.
- **Domain C:** The government, with the support of PEPFAR and the Global Fund, ensures the provision of HIV/AIDS services to all citizens at all levels. Private Health Facilities providing HIV/AIDS services require licensing in accordance with a specified law. Public Health Facilities comply with the norms within their classification of level of service provision. Similarly, training institutions are also accredited.
- **Domain D:** National population-based surveys are conducted by the government in a timely manner. The government is currently designing a reporting system for community activities. The government has increased the frequency of data collection from semi-annual in 2017 to quarterly in 2019.

Sustainability Vulnerabilities:

- **Domain A:** The government leads planning and coordination of HIV activities, but there is need for better engagement of civil society and private sector. Civil Society participates in planning and validation but they don't perceive that they have a significant impact, in part due to institutional

capacity. Private sector is currently represented by one umbrella organization, and would benefit from broader representation.

- **Domain B:** In the area of laboratory, External Quality Assurance (EQA) does not cover all testing sites, there are many untrained providers across the country, and there is insufficient cold chain space and maintenance. The country's financial crisis has made it impossible for the government to contribute to supply chain plan financing, yet the cost of commodities and supply chain management has increased as the volume of patients on treatment has increased.
- **Domain C:** Overall, it is difficult to account for the government contribution to HIV/AIDS because financial data is not disaggregated by program area. Allocation of domestic resources for HIV resources are not based on the number of PLHIV by district.
- **Domain D:** The NASA/MARF has not been done since 2016. The implementation of the 2017/2018 NASA has just started and results should be available next year. The data available from the last NASA in 2016 shows that the Government of Mozambique contributes 5% to the HIV response. Data is not available for service delivery at private and faith based organizations.

Contact: For questions or further information about PEPFAR's efforts to support sustainability of the HIV response in Mozambique, please contact Jennifer Mann MannJM@state.gov and Jacquelyn Sesonga at SesongaJG@state.gov